

National Health Service Retirement Fellowship

**Benevolent Fund
(Registered Charity No. 287936)**

Application Form for a Grant from the Fund

The Benevolent Fund is a subsidiary of the National Health Service Retirement Fellowship, a registered Charity, and is administered by the Benevolent Fund Committee appointed by the National Council.

Grants are made to any legitimate member of the National Health Service Retirement Fellowship.

The Committee consider each case on the basis of need and affordability.

Grants can be used for many reasons including but not exclusively, to assist applicants with the purchase of specialist equipment, to assist with adaption costs to homes, to meet the needs of applicant. In some cases consideration could be given to assist towards the cost of short stay convalescence after an operation. Other reasons will be considered on their merits. There is a cash limit per claimant set by the National Council. It is currently set at £800

Retrospective Grants will not normally be considered.

Grants will also not, normally, be considered for Home Building Improvements, Regular Grants or Annuities, to cover debts, Long Term Private Health Care, Residential Nursing Care or Legal Liabilities.

In the case of an application for the purchase of Specialised Aids or Equipment, supporting evidence from a recognised Health Practitioner such as a GP, Occupational Therapist, Physiotherapist or Optician will be required to confirm needs and to attest to the suitability of the equipment in the furtherance of treatment or care.

It is important that as much information as possible is given on this application form. If necessary please continue on an extra sheet of paper. It is also important that estimates and quotes from companies have a covering letter with their name and contact address. Grants are paid to these sources and receipts returned to Benevolent Fund Administrator at Central Office, as shown at foot of the application form.

In the event that an award is granted and issued, copies of all receipts must be sent to the NHSRF Benevolent Fund Administrator at the address shown below.

When completed please return this form marked CONFIDENTIAL on the envelope to the following address:

Benevolent Fund Administrator
NHS Retirement Fellowship Benevolent Fund
Central Office
Forston Clinic
Charminster
Dorchester
Dorset, DT2 9TB

If you have any questions regarding the completion of this form please contact Benevolent Fund Administrator

Email: sherry.smith@dorset-pct.nhs.uk

Tel No: 01305361317

PLEASE USE BLOCK CAPITALS AND COMPLETE USING A BLACK PEN
Please mark with a circle where appropriate

1. PERSONAL DETAILS

Title					
Surname					
First Name					
Initials					
Address					
Postal Code					
Home Tel. No.					
Mobile No.					
Email Address					
Type of Residence	Owner	Rented	Sheltered Housing	Shared Residence	Living with relatives

Date of Birth	
Date Joined NHSRF	
Branch Details	

2. MEDICAL HISTORY (If appropriate)

Name and Address of Your Doctor (If required)	
Name	
Address	
Post Code	
Telephone Number	

3. CLAIM DETAILS

How much is being claimed?	
What is being purchased?	

Justification for claim

Official estimate of work or goods to be purchased (Copy attached)

4. FINANCIAL CIRCUMSTANCES

<u>INCOME per Month</u>	<u>Applicant</u>	<u>Partner</u>	<u>EXPENDITURE per Month</u>	
PENSIONS				
Retirement pension	£	£	Mortgage	£
NHS Superannuation	£	£	Council Tax	£
Private Pension	£	£	Rent	£
Widows Pension	£	£	Electricity	£
Others	£	£	Gas	£
			Oil	£
BENEFITS				
Incapacity	£	£	Telephone	£
Disability Allowance	£	£	Mobile Phone	£
Attendance Allowance	£	£	Home Care Worker	£
Housing Benefit	£	£	Buildings Insurance	£
Mobility Allowance	£	£	Contents Insurance	£
Sickness Allowance	£	£	Life Insurance	£
			Car Insurance	£
			Other Insurance	£
OTHER INCOME				
Interest on Savings	£	£	Public Transport	£
Dividends	£	£	Petrol/Diesel for Car	£
Annuity	£	£	Food	£
			Savings	£
			Miscellaneous Regular Expenditure	£
TOTAL	£	£		£
SAVINGS				
	£	£		
	£	£		
SAVINGS Total	£	£		

5. SIGNATURE

I confirm the information is correct at the time of application and has been completed by the applicant. In the case where assistance has been given to the applicant in order to complete this application please indicate your name and relationship to the applicant.

Applicant's signature:	Please print name in Block Capitals	Date:
Signature of person completing this form, if not the Applicant	Name, Address and Relationship to Applicant (Block Capitals) Name: Address: Relationship To Applicant:	Date:

Please complete the following Checklist before submitting your application

Item	Please Tick	
• Have you completed all required questions?		
• Name, Address and Contact details		
• Retirement Date and Branch details		
• Supporting Documents enclosed		
• Quotations for work / equipment		
• Supporting letter from Health Practitioner (Where appropriate)		
• Have you applied to any other fund?	Yes	No
• Do you wish advice on other sources of grants which may be available?	Yes	No
• Correspondence to be sent to the Applicant	Yes	No
• Applicant requests correspondence to be sent to the Assistant	Yes	No

For Office use:

1. Application Number			
2. Date Application received			
3. Date sent to Committee Members			
4. Date reply from Committee			
5. Decision of the Committee	Clarification	Award Grant	Reject
6. Nature of Clarification			
7. Dates receipts returned to Central Office/ Filed			
8. Date Case Closed			